JORGE TALKS PEPS

Labs to Ask For

The menopause blood work checklist. 16 lines, what each one tells you in plain English, and a box to tick so nothing gets skipped.

Jorge Abreu. Not a doctor. Bring this to your appointment and decide with your clinician what fits you. Education, not medical advice.

Print this or pull it up on your phone. Ask your doctor which of these make sense for you, and ask for copies of your results.

HORMONES

- [ ] **Estradiol**
  Your main estrogen. Low or swinging levels drive hot flashes, sleep trouble, dryness and bone loss. In perimenopause it can bounce around day to day, so one number is a snapshot, not the whole story.

- [ ] **FSH (follicle stimulating hormone)**
  Rises as the ovaries slow down. Helpful context, but in perimenopause it also fluctuates, so many doctors diagnose by age and symptoms rather than one FSH result.

- [ ] **Progesterone**
  The calming, sleep friendly hormone. It often falls first, which is why sleep and anxiety can change years before periods stop. Timing in your cycle matters if you still have one.

- [ ] **Total and free testosterone**
  Women make testosterone too. Low levels may affect desire, energy and muscle. Free testosterone is the part your body can actually use.

- [ ] **SHBG (sex hormone binding globulin)**
  The protein that locks up hormones. High SHBG can mean low free testosterone even when total looks fine.

THYROID (THE GREAT MIMIC)

- [ ] **TSH**
  The screening test. Thyroid problems are common in midlife women and cause fatigue, weight gain, brain fog and hair thinning, the same list as menopause.

- [ ] **Free T4 and free T3**
  The actual thyroid hormones. Ask for them even if TSH is normal, because TSH alone can miss problems.

- [ ] **TPO antibodies**
  Checks for Hashimoto's, an autoimmune thyroid condition that can show up before your other numbers go off.

METABOLISM AND HEART

- [ ] **Fasting insulin**
  Shows how hard your body is working to control blood sugar. Can rise years before glucose does. Often not included unless you ask.

- [ ] **Hemoglobin A1c**
  Your average blood sugar over about three months. Catches prediabetes, which becomes more common after menopause.

- [ ] **Lipid panel**
  Cholesterol and triglycerides. LDL often climbs after menopause, so a baseline matters. Ask about ApoB if your doctor uses it.

ENERGY, HAIR AND MOOD

- [ ] **Ferritin**
  Your iron stores. Low ferritin causes fatigue and hair shedding, even with a normal hemoglobin. Heavy perimenopause periods can drain it.

- [ ] **Vitamin D**
  Supports bone, muscle and mood. Matters more as estrogen loss speeds up bone loss.

- [ ] **Vitamin B12**
  Low B12 can cause fatigue, numbness and brain fog. More common with age, acid reflux medicines and metformin.

THE BASICS

- [ ] **CBC (complete blood count)**
  Checks for anemia and infection. A simple first look at why you might feel wiped out.

- [ ] **CMP (comprehensive metabolic panel)**
  Kidney and liver function, electrolytes and glucose. Your doctor needs this before most treatments, including HRT and GLP-1s.

Tips before you go

BEFORE THE DRAW

- Ask whether to fast. Fasting insulin, glucose and lipids are best done fasting, usually 8 to 12 hours.
- Get it done in the morning when you can.
- Stop biotin for a few days first if your doctor agrees. It can throw off thyroid and hormone results.
- If you still have periods, ask which day of your cycle to test hormones.

QUESTIONS TO ASK YOUR DOCTOR

- Which of these do you recommend for me, and why would you skip any?
- What is optimal for my age, not just inside the reference range?
- Based on these results, am I a candidate for hormone therapy?
- When should we retest?

Normal labs do not mean your symptoms are imaginary. Menopause is often diagnosed by age and symptoms, and many of these tests are about ruling other things out. Keep your results in one place so you can see the trend over time.

Want the symptom side? Grab the free Menopause Pep Map at jorgetalkspeps.com/menopause-map or take the quiz at jorgetalkspeps.com/menopause-quiz.

Education and personal experience, not medical advice, a diagnosis or a treatment plan. Your clinician decides which tests fit you. Business disclosure: Jorge Abreu is involved in Reign Peptide.

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"I share everything I do, the wins and the misses, so you do not have to guess."

JORGE ABREU



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